

Registration District No. 89

Primary Registration District No. 5134 5134A

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural - out the town limit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1
years, months or days)

3. (a) PRINT FULL NAME Mary Jane Spurgeon

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife 1 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 10 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Brunet Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name James London
13. Birthplace 1841
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace 1841
(City, town, or county) (State or foreign country)

16. (a) Informant William T Spurgeon

(b) Address Brookley Mo

17. (a) Rural (b) Date thereof Jan 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mole Hill

18. (a) Signature of funeral director Marshall Shain

(b) Address Fairview

19. (a) 1/8/41 (b) Rate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi West 1/2 mi South of Brookley
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1 hr.
before death to 1941
that I last saw her alive on Jan 5
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 7 days

Due to Weak heart

Due to age

Other conditions 104
(Include pregnancy within 3 months of death)

Major findings:
Of operations 104
Of autopsy 104

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 104
(b) Date of occurrence 104
(c) Where did injury occur? 104
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

85 (Specify type of place)
While at work? (e) Means of injury 104

23. Signature R. F. Murphy M. D. or other 104
Address 104 Date signed Jan 6 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.